



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000001**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PASTA GARDENS, INC.**

DOING BUSINESS AS

ADDRESS: **STATE ROAD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER: **SELICIOUS,
CHARLES**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

5 ROOMS ALL ON GROUND LEVEL SITUATED AT STATE ROAD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000002**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PAMELA JEAN JOBST**

DOING BUSINESS AS **WHATELY GENERAL STORE**

ADDRESS: **81 STATE ROAD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BLDG., ONE ROOM DIVIDED FOR SALES ROOM, WITH ONE STORY RESIDENCE ADJOINING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000003**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DEMETRIOUS KONSTANTOPOULOS**

DOING BUSINESS AS **CASTAWAY LOUNGE**

ADDRESS: **ROUTE 5 & 10**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **General on
premise**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON FIRST FLOOR AND CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

032-28-3938

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000004**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GEORGE WILLIAM GAY, JR.**

DOING BUSINESS AS **GAY'S PACKAGE STORE**

ADDRESS: **ROUTES 5 & 10**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FOR SALES, TWO ROOMS FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-07-5941

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000005**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KEVIN A. KLOC**

DOING BUSINESS AS **WHATELY INN**

ADDRESS: **CHESTNUT PLAIN ROAD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR BAR AND RESTAURANT AREA WITH FRONT ENTRANCE ON MAIN STREET
AND REAR ENTRANCE ONTO PARKING AREA IN REAR. BANQUET HALL AND THREE
ROOMS UPSTAIRS.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-16-7234

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

LOCAL LICENSING AUTHORITY

DISAPPROVED: ☐

By:

(If disapproved explain)

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000007**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DAVID A DEWINTER**

DOING BUSINESS AS **THE DEPOT COUNTRY STORE**

ADDRESS: **36 CHRISTIAN LANE**

CITY/TOWN **WHATELY**

STATE:

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ON FIRST FLOOR ONLY, ONE ROOM APPROX 60X30

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000010**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FLOYD ANDRUS**

DOING BUSINESS AS **NEW ENGLAND COUNTRY SAMPLER**

ADDRESS: **424 STATE RD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON FIRST FLOOR IN SHOPPING COMPLEX

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000011**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DIMAIO FAMILY PIZZA LUNCHEONETTE, INC.**

DOING BUSINESS AS

ADDRESS: **268 STATE ROAD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER: **DIMAIO,
SALVATOR**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH TWO DINING ROOMS AND LOUNGE. ALL ON FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000012**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DAVID E. CONNLY**

DOING BUSINESS AS **NEW ENGLAND SPICE AND COFFEE COMPANY**

ADDRESS: **424 STATE ROAD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**BUILDING B, OF SUGARLOAF SHOPPES, ONE FIRST FLOOR FOR SALES, AND BASEMENT
FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000013**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JOHN P. CORCORAN**

DOING BUSINESS AS **WHATELY GENERAL STORE**

ADDRESS: **181 STATE RD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE ROOM DIVIDED FOR SALES WITH AN ADJOINING ONE STORY RESIDENCE. MAIN
ENTRANCE IN FRONT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

032-32-0740

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000014**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CIRCLE K MASSACHUSETTS LLC**

DOING BUSINESS AS **CIRCLE K #7508**

ADDRESS: **ROUTE 116**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER: **CLOGSTON,
REBECCA**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**2025 SQ FT SINGLE STORY BLDG WITH ENTRANCE LOCATED ON NORTH SIDE OF BLDG
AND EXIT LOCATED ON EAST SIDE OF BLDG**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

262-74-7968

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000015**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GAY'S PACKAGE STORE INC.**

DOING BUSINESS AS **GAY'S PACKAGE STORE**

ADDRESS: **3 State Rd**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER: **GAY JR., GEORGE W.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

1200 sq ft. one room for sales, two rooms for storage, one entrance and exit located on front of premises, additional entrance/exit located on side of premises

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

450-99-6722

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **WHATELY**

LICENSE NUMBER: **146000016**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MUFFIN'S GENERAL MARKET**

DOING BUSINESS AS

ADDRESS: **28 STATE ROAD**

CITY/TOWN **WHATELY**

STATE: **MA**

ZIP CODE: **01093**

MANAGER: **KORZA,DIANE S.** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**1,068 SQ. FT. RETAIL SPACE.EAST SIDE OF STATE RD #28 ONE SOUTH ENTRANCE/EXIT
AND ONE EMERGENCY EXIT ON WEST SIDE OF STORE.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

272-95-4943

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)